## PATENT APPLICATION FEE DETERMINATION RECORD

Ef

Application or Docket Number

| ffective January 1, 2003 | 10.657/1     | 62 |
|--------------------------|--------------|----|
| S AS FILED - PART I      | SMALL ENTITY | ОТ |

|                                                                                                                                                                                                                                                                                                                     |             | C: 4:310 A                                |                  |                                   | -            | ·                | <del></del>       |                   | . دی را                |                     |                     |                        |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|-------------------------------------------|------------------|-----------------------------------|--------------|------------------|-------------------|-------------------|------------------------|---------------------|---------------------|------------------------|
| CLAIMS A                                                                                                                                                                                                                                                                                                            |             |                                           | S FILED - PART I |                                   |              | SMALL ENTITY     |                   | YTITY             | OTHER THAN             |                     |                     |                        |
| TOTAL CLAIMS                                                                                                                                                                                                                                                                                                        |             | (Column 1)                                |                  | (Colu                             | (Column 2)   |                  | TYPE              |                   | OR                     | SMALL               | ENTITY              |                        |
| TOTAL CLAIMS                                                                                                                                                                                                                                                                                                        |             | 13                                        |                  |                                   |              |                  | RATE              | FEE               |                        | RATE                | FEE                 |                        |
| FC                                                                                                                                                                                                                                                                                                                  | DR          |                                           | NUMBER FILED     |                                   | NUMBER EXTRA |                  | В                 | ASIC FEE          | 375.00                 | OR                  | BASIC FEE           | 750.00                 |
| TOTAL CHARGEABLE CLAIMS                                                                                                                                                                                                                                                                                             |             | /3 minus 20=                              |                  | *                                 |              |                  | X\$ 9=            |                   | OR                     | X\$18=              |                     |                        |
| INDEPENDENT CLAIMS                                                                                                                                                                                                                                                                                                  |             |                                           | 3 minus 3 =      |                                   | *            |                  |                   | X42=              |                        | OR                  | X84=                |                        |
| MULTIPLE DEPENDENT CLAIM PRESENT                                                                                                                                                                                                                                                                                    |             |                                           | RESENT           |                                   |              | H                |                   |                   | On                     |                     |                     |                        |
| * If the difference in column 1 is less than zero, enter                                                                                                                                                                                                                                                            |             |                                           |                  | "∩" in c                          | column 2     | L                | +140=             |                   | OR                     | +280=               |                     |                        |
|                                                                                                                                                                                                                                                                                                                     |             |                                           |                  |                                   |              | Joidinii 2       | •                 | TOTAL             |                        | OR                  | TOTAL               | 7572                   |
| CLAIMS AS AMENDED - PART I                                                                                                                                                                                                                                                                                          |             |                                           |                  |                                   |              | (Caluma 0)       |                   | SMALL I           | =NTITV                 | OR                  | OTHER<br>SMALL I    |                        |
|                                                                                                                                                                                                                                                                                                                     |             | (Column 1)<br>CLAIMS                      |                  | (Colun                            |              | (Column 3)       | Ē                 | SWALL             |                        |                     | SMALL               |                        |
| AMENDMENT A                                                                                                                                                                                                                                                                                                         |             | REMAINING<br>AFTER<br>AMENDMENT           |                  | NUMI<br>PREVIC<br>PAID            | DUSLY        | PRESENT<br>EXTRA |                   | RATE              | ADDI-<br>TIONAL<br>FEE |                     | RATE                | ADDI-<br>TIONAL<br>FEE |
| NDN                                                                                                                                                                                                                                                                                                                 | Total       | *                                         | Minus            | **                                |              | =                |                   | X\$ 9=            |                        | OR                  | X\$18=              |                        |
| AME                                                                                                                                                                                                                                                                                                                 | Independent | *                                         | Minus            | ***                               |              | =                |                   | X42=              |                        | OR                  | X84=                |                        |
| L.                                                                                                                                                                                                                                                                                                                  | A           | NTATION OF M                              | ULTIPLE DEF      | PENDENT                           | CLAIM        |                  | 卜                 | -140              |                        |                     |                     |                        |
| 12,13                                                                                                                                                                                                                                                                                                               |             |                                           |                  |                                   |              |                  | +140=             |                   | OR                     | +280=               |                     |                        |
|                                                                                                                                                                                                                                                                                                                     |             |                                           |                  |                                   |              |                  | AD                | TOTAL<br>DIT. FEE |                        | OR                  | TOTAL<br>ADDIT. FEE |                        |
| _                                                                                                                                                                                                                                                                                                                   |             | (Column 1)<br>CLAIMS                      |                  | (Colun                            |              | (Column 3)       |                   |                   |                        | _                   |                     |                        |
| AMENDMENT B                                                                                                                                                                                                                                                                                                         |             | REMAINING<br>AFTER<br>AMENDMENT           |                  | HIGH<br>NUME<br>PREVIC<br>PAID I  | BER<br>DUSLY | PRESENT<br>EXTRA |                   | RATE              | ADDI-<br>TIONAL<br>FEE |                     | RATE                | ADDI-<br>TIONAL<br>FEE |
| NDN                                                                                                                                                                                                                                                                                                                 | Total       | *                                         | Minus            | **                                |              | =                | ] ;               | X\$ 9=            |                        | OR                  | X\$18=              |                        |
| AME                                                                                                                                                                                                                                                                                                                 | Independent | *<br>NTATION OF MU                        | Minus            | ***                               | - CL 4114    | =                |                   | X42=              |                        | OR                  | X84=                |                        |
| _                                                                                                                                                                                                                                                                                                                   | THOTFILOL   | INTATION OF WIL                           | JETIPLE DEP      | ENDENT                            | CLAIM        |                  | -                 | +140=             |                        | OR                  | +280=               |                        |
|                                                                                                                                                                                                                                                                                                                     |             |                                           |                  |                                   |              | ADI              | TOTAL<br>DIT. FEE |                   | OR                     | TOTAL<br>ADDIT. FEE |                     |                        |
|                                                                                                                                                                                                                                                                                                                     |             | (Column 1)                                |                  | (Colun                            |              | (Column 3)       |                   |                   |                        |                     |                     |                        |
| AMENDMENT C                                                                                                                                                                                                                                                                                                         |             | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                  | HIGHI<br>NUME<br>PREVIO<br>PAID I | BER<br>OUSLY | PRESENT<br>EXTRA | F                 | RATE              | ADDI-<br>TIONAL<br>FEE |                     | RATE                | ADDI-<br>TIONAL<br>FEE |
|                                                                                                                                                                                                                                                                                                                     | Total       | *                                         | Minus            | **                                |              | =                | ,                 | X\$ 9=            |                        | OR                  | X\$18=              |                        |
|                                                                                                                                                                                                                                                                                                                     | Independent | *                                         | Minus            | ***                               |              | =                | $\vdash$          | X42=              |                        |                     |                     |                        |
|                                                                                                                                                                                                                                                                                                                     | FIRST PRESE | NTATION OF MU                             | JLTIPLE DEF      | PENDENT                           | CLAIM        |                  | Ľ                 | A42=              |                        | OR                  | X84=                |                        |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.                                                                                                                                                                                                                               |             |                                           |                  |                                   |              |                  |                   |                   | OR                     | +280=               |                     |                        |
| ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |             |                                           |                  |                                   |              |                  |                   |                   |                        |                     |                     |                        |

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